

# Statement of Organization Recipient Committee

## Statement Type

☒ Initial

Not yet qualified ☐ or

☐ Amendment

List I.D. number:

# \_\_\_\_\_

☐ Termination – See Part 5

List I.D. number:

# \_\_\_\_\_

11 / 6 / 2014  
Date qualified as committee

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date qualified as committee  
(If applicable)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date of Termination

Date Stamp

CALIFORNIA  
FORM **410**

For Official Use Only

CCLERK 14NOV12PM12:06

## 1. Committee Information

NAME OF COMMITTEE

Committee to Re-Elect Emily Gabel-Luddy for COUNCIL 2015

STREET ADDRESS (NO P.O. BOX)

440 W Elm Ave

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Burbank

CA 91506

(818)599-2015

MAILING ADDRESS (IF DIFFERENT)

FAX / E-MAIL ADDRESS

EGLuddy@gmail.com

COUNTY OF DOMICILE

Los Angeles

JURISDICTION WHERE COMMITTEE IS ACTIVE

City of Burbank

## 2. Treasurer and Other Principal Officers

NAME OF TREASURER

EMILY GABEL-LUDDY

STREET ADDRESS (NO P.O. BOX)

440 W ELM AVE.

CITY

STATE

ZIP CODE

AREA CODE/PHONE

818 599-2015

BURBANK, CA. 91506

NAME OF ASSISTANT TREASURER, IF ANY

DAVID GOULD

STREET ADDRESS (NO P.O. BOX)

3700 WILSHIRE BLVD. STE. 1050-R

CITY

STATE

ZIP CODE

AREA CODE/PHONE

LOS ANGELES, CA. 90010

213 480-4702

NAME OF PRINCIPAL OFFICER(S)

INGRID ORELLANA (Assistant Treasurer)

STREET ADDRESS (NO P.O. BOX)

3700 WILSHIRE BLVD. STE. 1050-R

CITY

STATE

ZIP CODE

AREA CODE/PHONE

LOS ANGELES, CA. 90010

213 480-4702

## 3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 11-6-14 By \_\_\_\_\_  
DATE

Executed on 10/28/2014 By \_\_\_\_\_  
DATE

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

# Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

CALIFORNIA  
FORM 410

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COMMITTEE NAME

Committee to Re-Elect Emily Gabel-Luddy for Council 2016

I.D. NUMBER

- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER
California Bank & Trust	213 228-1700	5791267569
ADDRESS	CITY	STATE
550 S Hope Street Ste. 100	Los Angeles	CA
		ZIP CODE
		90010

## 4. Type of Committee Complete the applicable sections.

### Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "nonpartisan."
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY
Emily Gabel-Luddy	City of Burbank City Council Member	2015	<input checked="" type="checkbox"/> Nonpartisan
			<input type="checkbox"/> Nonpartisan

### Primarily Formed Committee

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>
		SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

**CALIFORNIA  
FORM 410**

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COMMITTEE NAME

Committee to Re-Elect Emily Gabel-Luddy for Council 2016

I.D. NUMBER

**4. Type of Committee** (Continued)

**General Purpose Committee**

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

☐ CITY Committee ☐ COUNTY Committee ☐ STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

**Sponsored Committee**

List additional sponsors on an attachment.

NAME OF SPONSOR

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

**Small Contributor Committee**

☐

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date qualified

**5. Termination Requirements**

By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
- This committee does not anticipate receiving contributions or making expenditures in the future;
- This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
- This committee has no surplus funds; and
- This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
  - There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
  - Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 - 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.